

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-040946

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 278 Primary Registration District No. 3054 5956 Registrar's No. 146

FILED NOV 6 1963

VS 300
Rev. 4/59

1 0820

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12 90-0

13 20

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Pike		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Pike	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Clarksville		c. CITY OR TOWN Clarksville	
Length of stay in 1b life		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION R.F.D. #2		d. STREET ADDRESS (If outside, give location) R.F.D. #2	
3. NAME OF DECEASED (Type or print) First MOSS Middle FREDRICK Last PREWITT		4. DATE OF DEATH Month Oct. Day 30 Year 1963	
5. SEX male	6. COLOR OR RACE white	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 10-16-88
9. AGE (last birthday) 75		10. IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming		10b. KIND OF BUSINESS OR INDUSTRY Farmer	
11. BIRTHPLACE (City and state or country) Clarksville, Mo.		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME William Caswell Prewitt II		13b. MOTHER'S MAIDEN NAME Mattie Anderson	
14. NAME OF HUSBAND OR WIFE Frances Mackey Prewitt		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of)	
16. SOCIAL SECURITY NO. 32		17. INFORMANT -wife	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) arteriosclerotic heart disease		INTERVAL BETWEEN ONSET AND DEATH many years	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) c DUE TO (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) chronic dyschlophritis		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m.	Month, Day, Year		
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from 11-12-61 to death and last saw him live on 10-25-63 Death occurred at 4:20 A on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Edward K. Jackson M.D.		22b. ADDRESS Box 367 Clarksville, Mo.	
22c. DATE SIGNED 11-1-63			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 11-1-63	23c. NAME OF CEMETERY OR CREMATORY Greenwood Cemetery	
23d. LOCATION (City, town, or county) Clarksville, Mo.		(State)	
24. FUNERAL DIRECTOR Collier Funeral Service		25. DATE RECD. BY LOCAL REG. 11-1-63	
26. REGISTRAR'S SIGNATURE Bernice Collier			

USE BLACK INK

OR
TYPEWRITER RIBBON

(Licensed Embalmer's Statement on Reverse Side)

JAN 10 1964

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Geo M. Collier

Licensed Embalmer No. *3839*

P. O. Address

Louisiana, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.